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U.S. PTO

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10 February 2004

INTELLECTUAL PROPERTY LAW

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**Mail Stop: Patent Application**  
Commissioner for Patents  
Alexandria, VA 22313-1450

Attorney Docket: P56974

22387 U.S. PTO  
10/774453  
021004

Sir:

Submitted herewith is the following patent application:

**Inventor:** 1) SHIN-WOONG KAY

**Title:** CABLE MODEM THAT CAN PREVENT MODEM SIGNAL  
FROM TRANSFERRING TO AN HFC NETWORK WHEN  
INTERNAL CIRCUIT OF THE CABLE MODEM OPERATES  
ABNORMALLY

Please find attached hereto an application for patent which includes: Specification and Abstract,  
Claims, original Declaration And Power of Attorney, Assignment, and a certified copy of the  
foreign priority document identified below:

Verified Showing of Small Entity Status: NO

Drawings: Formal drawings, 5 sheets, Figures 1 through 6

Claim of priority under 35 U.S.C. §119: YES

\*\* The Republic Of Korea Application No. 2003-9645 filed on 15 February 2003.

**FEE (see formula below): CHECKS ARE ENCLOSED (#45284 & #45285)**

|   |                 |
|---|-----------------|
| Basic Fee \$385/770 .....   | <u>\$770.00</u> |
| <b>Additional Fees:</b>   |                 |
| Total number of claims in excess of 20: <u>13</u> times \$9/18 .....      | <u>\$234.00</u> |
| Number of independent claims in excess of 3: <u>2</u> times \$43/86 ..... | <u>\$172.00</u> |
| Multiple Dependent Claims \$145/290 .....                                 | <u>\$0.00</u>   |
| An Assignment is likewise enclosed: Recording Fee \$40 ..                 | <u>\$40.00</u>  |
| Filing Non-English specification .....                                    | <u>\$0.00</u>   |

**TOTAL FEES FOR THE ABOVE APPLICATION ..... \$1,216.00**

Commissioner for Patents  
10 February 2004  
Page Two

Docket No.: P56974

**Inventor:** 1) SHIN-WOONG KAY

**Title:** CABLE MODEM THAT CAN PREVENT MODEM SIGNAL  
FROM TRANSFERRING TO AN HFC NETWORK WHEN  
INTERNAL CIRCUIT OF THE CABLE MODEM OPERATES  
ABNORMALLY

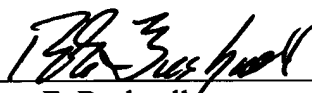
Assistant Commissioner is authorized to charge our Deposit Account No. 02-4943 for any additional charges necessary towards payment of the filing fee for the above-referenced application. Please notify the undersigned attorney of any transaction regarding our Deposit Account.

In view of the above, it is requested that this application be accorded a filing date pursuant to 37 CFR 1.53(b).

Please address all correspondence to:

Robert E. Bushnell  
1522 K Street, N.W.  
Suite 300  
Washington, D.C. 20005


Respectfully submitted,

  
\_\_\_\_\_  
Robert E. Bushnell  
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REB/sb

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021004

| <b>FEE TRANSMITTAL</b><br><br>Patent fees are subject to annual revision.  |   | <b>Complete If Known</b>  |                  |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
|--|---|---|------------------|--|--------------------|-----------------|--------------|-----------------|------------|-----------|------------|--------------------|----------|----------|-----------|--------------------|--------------------|-----------------------------------|-----|------|-----|-------------------|----|--|-----|-----------------|----------|------------------|----------|---------------------------|----------|------|-------|--------------------|-------|--|-----|------|------|------------------------|------|--|----|------|---------|------|--------------------|---|----|------|-----|------|----|--|----|------|-----|------|-----|--|----|---------------------|-----|------|-----|--|--------------------|------|-------|------|-----|---|----|------|-------|------|-------|--|----|------|-----|------|-----|------------------|----|------|-----|------|-----|--|----|------|-----|------|-----|--------------------------|----|------|-------|------|-------|---|----|------|-----|------|----|----------------------------------|----|------|-------|------|-----|------------------------------------|----|------|-------|------|-----|--------------------------------|----|------|-----|------|-----|------------------|----|------|-----|------|-----|-----------------|----|------|-----|------|-----|-------------------------------|----|------|----|------|----|---|----|------|-----|------|-----|--|----|------|----|------|----|--|---------|------|-----|------|-----|---|----|------|-----|------|-----|--|----|------|-----|------|-----|---|----|---------------------------|--|--|--|----|---------------------------|--|--|--|----|
|  |   | Application Number  | To be Assigned   |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
|  |   | Filing Date   | 10 February 2004 |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
|  |   | First Named Inventor  | SHIN-WOONG KAY   |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
|  |   | Examiner Name   | To be Assigned   |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
|  |   | Group/Art Unit  | To be Assigned   |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| TOTAL AMOUNT OF PAYMENT  | (\$) <b>1,216.00</b>  | Attorney Docket No.   | P56974           |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| <b>METHOD OF PAYMENT (check one)</b>   |   | <b>FEE CALCULATION (continued)</b>  |                  |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  |   | 3. ADDITIONAL FEES  |                  |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| Deposit Account Number: <b>02-4943</b><br>Deposit Account Number: _____  |   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge-late filing fee or oath</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1805</td> <td>1,840 *</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee for provisional applications</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (Times number of properties)</td> <td style="text-align: right;">\$40.00</td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 C.F.R. §1.129(a))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 C.F.R. §1.129(b))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="4">Other Fee (specify) _____</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="4">Other Fee (specify) _____</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table> |                  | Large Entity   |                    | Small Entity    |              | Fee Description | Fee Paid   | Fee Code  | Fee (\$)   | Fee Code           | Fee (\$) | 1051     | 130       | 2051               | 65                 | Surcharge-late filing fee or oath | \$  | 1052 | 50  | 2052              | 25 | Surcharge-late provisional filing fee or cover sheet | \$  | 1053            | 130      | 1053             | 130      | Non-English specification | \$       | 1812 | 2,520 | 1812               | 2,520 | For filing a request for reexamination | \$  | 1804 | 920* | 1804                   | 920* | Requesting publication of SIR prior to Examiner action | \$ | 1805 | 1,840 * | 1805 | 1,840*             | Requesting publication of SIR after Examiner action | \$ | 1251 | 110 | 2251 | 55 | Extension for reply within first month             | \$ | 1252 | 420 | 2252 | 210 | Extension for reply within second month                    | \$ | 1253                | 950 | 2253 | 475 | Extension for reply within third month | \$                 | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month | \$ | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month | \$ | 1401 | 330 | 2401 | 165 | Notice of Appeal | \$ | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal | \$ | 1403 | 290 | 2403 | 145 | Request for oral hearing | \$ | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | \$ | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | \$ | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional | \$ | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) | \$ | 1502 | 480 | 2502 | 240 | Design issue fee | \$ | 1503 | 640 | 2503 | 320 | Plant issue fee | \$ | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | \$ | 1807 | 50 | 1807 | 50 | Processing fee for provisional applications | \$ | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement | \$ | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (Times number of properties) | \$40.00 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 C.F.R. §1.129(a)) | \$ | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 C.F.R. §1.129(b)) | \$ | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | \$ | Other Fee (specify) _____ |  |  |  | \$ | Other Fee (specify) _____ |  |  |  | \$ |
| Large Entity   |   | Small Entity  |                  | Fee Description  | Fee Paid           |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| Fee Code   | Fee (\$)  | Fee Code  | Fee (\$)         |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1051   | 130   | 2051  | 65               | Surcharge-late filing fee or oath  | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1052   | 50  | 2052  | 25               | Surcharge-late provisional filing fee or cover sheet                       | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1053   | 130   | 1053  | 130              | Non-English specification  | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1812   | 2,520   | 1812  | 2,520            | For filing a request for reexamination                                     | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1804   | 920*  | 1804  | 920*             | Requesting publication of SIR prior to Examiner action                     | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1805   | 1,840 *   | 1805  | 1,840*           | Requesting publication of SIR after Examiner action                        | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1251   | 110   | 2251  | 55               | Extension for reply within first month                                     | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1252   | 420   | 2252  | 210              | Extension for reply within second month                                    | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1253   | 950   | 2253  | 475              | Extension for reply within third month                                     | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1254   | 1,480   | 2254  | 740              | Extension for reply within fourth month                                    | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1255   | 2,010   | 2255  | 1,005            | Extension for reply within fifth month                                     | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1401   | 330   | 2401  | 165              | Notice of Appeal   | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1402   | 330   | 2402  | 165              | Filing a brief in support of an appeal                                     | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1403   | 290   | 2403  | 145              | Request for oral hearing   | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1451   | 1,510   | 1451  | 1,510            | Petition to institute a public use proceeding                              | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1452   | 110   | 2452  | 55               | Petition to revive - unavoidable   | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1453   | 1,330   | 2453  | 665              | Petition to revive - unintentional   | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1501   | 1,330   | 2501  | 665              | Utility issue fee (or reissue)   | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1502   | 480   | 2502  | 240              | Design issue fee   | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1503   | 640   | 2503  | 320              | Plant issue fee  | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1460   | 130   | 1460  | 130              | Petitions to the Commissioner  | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1807   | 50  | 1807  | 50               | Processing fee for provisional applications                                | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1806   | 180   | 1806  | 180              | Submission of Information Disclosure Statement                             | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 8021   | 40  | 8021  | 40               | Recording each patent assignment per property (Times number of properties) | \$40.00            |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1809   | 770   | 2809  | 385              | Filing a submission after final rejection (37 C.F.R. §1.129(a))            | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1810   | 770   | 2810  | 385              | For each additional invention to be examined (37 C.F.R. §1.129(b))         | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1801   | 770   | 2801  | 385              | Request for Continued Examination (RCE)                                    | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| Other Fee (specify) _____  |   |   |                  | \$   |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| Other Fee (specify) _____  |   |   |                  | \$   |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 2. <input type="checkbox"/> Payment Enclosed:<br><b>(CHECK #45284 &amp; #45285)</b><br><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |   |   |                  |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| <b>FEE CALCULATION</b>   |   |   |                  |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td style="text-align: right;">\$770.00</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="5"><b>SUBTOTAL (1)</b></td> <td style="text-align: right;">(\$)<b>770.00</b></td> </tr> </tbody> </table>  |   | Large Entity  |                  | Small Entity   |                    | Fee Description | Fee Paid     | Fee Code        | Fee (\$)   | Fee Code  | Fee (\$)   | 1001               | 770      | 2001     | 385       | Utility filing fee | \$770.00           | 1002                              | 340 | 2002 | 170 | Design filing fee | \$ | 1003   | 530 | 2003            | 265      | Plant filing fee | \$       | 1004                      | 770      | 2004 | 385   | Reissue filing fee | \$    | 1005                                   | 160 | 2005 | 80   | Provisional filing fee | \$   | <b>SUBTOTAL (1)</b>                                    |    |      |         |      | (\$) <b>770.00</b> |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| Large Entity   |   | Small Entity  |                  | Fee Description  | Fee Paid           |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| Fee Code   | Fee (\$)  | Fee Code  | Fee (\$)         |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1001   | 770   | 2001  | 385              | Utility filing fee   | \$770.00           |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1002   | 340   | 2002  | 170              | Design filing fee  | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1003   | 530   | 2003  | 265              | Plant filing fee   | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1004   | 770   | 2004  | 385              | Reissue filing fee   | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1005   | 160   | 2005  | 80               | Provisional filing fee   | \$                 |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| <b>SUBTOTAL (1)</b>  |   |   |                  |  | (\$) <b>770.00</b> |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Total claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>33</td> <td>-20** = 13</td> <td>x \$18.00</td> <td>= \$234.00</td> </tr> <tr> <td>Independent Claims</td> <td>5</td> <td>-3** = 2</td> <td>x \$86.00</td> <td>= \$172.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td style="text-align: center;">=</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue Independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5"><b>SUBTOTAL (2)</b></td> <td style="text-align: right;">(\$)<b>406.00</b></td> </tr> </tbody> </table> |   |   | Total claims     | Extra Claims   | Fee from below     | Fee Paid        | Total claims | 33              | -20** = 13 | x \$18.00 | = \$234.00 | Independent Claims | 5        | -3** = 2 | x \$86.00 | = \$172.00         | Multiple Dependent |                                   |     |      | =   | Large Entity      |    | Small Entity   |     | Fee Description | Fee Paid | Fee Code         | Fee (\$) | Fee Code                  | Fee (\$) | 1201 | 86    | 2201               | 43    | Independent claims in excess of 3      |     | 1202 | 18   | 2202                   | 9    | Claims in excess of 20                                 |    | 1203 | 290     | 2203 | 145                | Multiple dependent claim, if not paid               |    | 1204 | 86  | 2204 | 43 | ** Reissue Independent claims over original patent |    | 1205 | 18  | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |    | <b>SUBTOTAL (2)</b> |     |      |     |  | (\$) <b>406.00</b> |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
|  | Total claims  | Extra Claims  | Fee from below   | Fee Paid   |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| Total claims   | 33  | -20** = 13  | x \$18.00        | = \$234.00   |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| Independent Claims   | 5   | -3** = 2  | x \$86.00        | = \$172.00   |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| Multiple Dependent   |   |   |                  | =  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| Large Entity   |   | Small Entity  |                  | Fee Description  | Fee Paid           |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| Fee Code   | Fee (\$)  | Fee Code  | Fee (\$)         |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1201   | 86  | 2201  | 43               | Independent claims in excess of 3  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1202   | 18  | 2202  | 9                | Claims in excess of 20   |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1203   | 290   | 2203  | 145              | Multiple dependent claim, if not paid                                      |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1204   | 86  | 2204  | 43               | ** Reissue Independent claims over original patent                         |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| 1205   | 18  | 2205  | 9                | ** Reissue claims in excess of 20 and over original patent                 |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| <b>SUBTOTAL (2)</b>  |   |   |                  |  | (\$) <b>406.00</b> |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
|  |   | <b>SUBTOTAL (3)</b> <b>\$40.00</b>  |                  |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| <b>SUBMITTED BY</b>  |   | <b>Complete (if applicable)</b>   |                  |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| Typed or Printed Name  | <b>R bert E. Bushnell, Esq.</b>   | Reg. Number   | <b>27,774</b>    |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
| Signature  |  | Date  | 10 February 2004 |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |
|  |   | Deposit Account User ID   |                  |  |                    |                 |              |                 |            |           |            |                    |          |          |           |                    |                    |                                   |     |      |     |                   |    |  |     |                 |          |                  |          |                           |          |      |       |                    |       |  |     |      |      |                        |      |  |    |      |         |      |                    |   |    |      |     |      |    |  |    |      |     |      |     |  |    |                     |     |      |     |  |                    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |   |    |      |     |      |     |  |    |      |    |      |    |  |         |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |                           |  |  |  |    |                           |  |  |  |    |

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